V. S. No. 1
0M—5-4
ev. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1059

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 85

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2817 Norton /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2817 Norton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frank Ebenhack

3. (b) If veteran, name war No

3. (c) Social Security No. 495-09-0619

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Ella

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan. 13, 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Montana / (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Shukert Bldg.,

FATHER
12. Name John Ebenhack
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Laura Biera
15. Birthplace ..... (City, town, or county) Kansas / (State or foreign country)

16. (a) Informant Ella D. Ebenhack
(b) Address 2817 Norton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 1-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1943 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 4, 1943 to Jan 6, 1943
that I last saw him alive on Jan 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis

Due to Intestinal Influenza

Due to 92 B

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature J. Henry George (M. D. or other)

Address 2418 Cleveland Date signed 1-8-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. George
26.19 Cleveland Fr. 6001

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed H D Blackman

Licensed Embalmer No. 3639

P. O. Address R. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.